

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Don Fishbein

Serial No. : 10/799,197 Examiner: B. Baek

Filed : March 12, 2004 Group Art Unit: 1629

For : USE OF OXANDROLONE IN THE TREATMENT OF BURNS AND OTHER WOUNDS

By EFS
 COMMISSIONER FOR PATENTS
 Alexandria, VA 22313-1450

Date: July 7, 2011

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. § 1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 x No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	12 -	* 20 =	*** 0 X	\$26	\$52	=	0	
Indepen- dent Claims	1 -	** 3 =	*** 0 X	\$110	\$220	=	0	
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u> x </u> No				\$195	\$390	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

_____ One additional copy of this Amendment Transmittal Letter
_____ Return Receipt Postcard
_____ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)
_____ A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time
_____ Other (identify): _____


THE TOTAL FEE DUE IS \$ 0.00.


_____ A check in the amount of \$ _____ is enclosed.
_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

X Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

Certificate of Transmission	
I hereby certify that this correspondence is being transmitted via the Electronic Filing System (EFS) to the U.S. Patent and Trademark Office on July 7, 2011.	
 Xueguang Sun	7/7/2011 Date


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